Jesus
IS THE ANSWER
DENTAL · CLINIC

Painless Dentistry Is Our Forte

NEW PATIENT INFORMATION

We are committed to excellence in dentistry and appreciate you taking time to complete this confidential questionnaire. The better we communicate, the better we can care for you. If you have any questions or need assistance, please ask us - we will be happy to help.

Whom may we thank for referring you? _____

ABOUT YOU

Name: _____ Birth Date: _____

Postal Address: _____ Postal Code: _____ Occupation: _____

Email Address: _____ Phone Number: _____

Residence: _____

PERSON RESPONSIBLE FOR ACCOUNT

☐ Same as above

Name: _____ Birth Date: _____

Postal Address: _____ Postal Code: _____ Relation: _____

Email Address: _____ Phone Number: _____

DENTAL INSURANCE INFORMATION

Insurance Co. Name: _____ Phone: _____

Insured's Name: _____ Insured's Birth Date: _____

Insured's member Number: _____ Insured's Scheme: _____

I confirm that the above information is correct and will agree on all treatment given to me. I will have understood all the explanation given and will have learnt of likely complications from management. I agree to pay all fees required of me.

As part of our smile-keeping routine, our dentist might snap a few intraoral pics during your visit for records and consultations - just a friendly heads-up!

Patient's/Parent's/Guardian's Signature _____ Date: _____

"But I, when I Am lifted up from the earth, will draw all Men to myself." (John 12:32)